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**REVOCATION OF POWER OF
ATTORNEY and APPOINTMENT
OF
NEW POWER OF ATTORNEY**

| | |
|------------------------|------------------------------|
| Application Number | 09/847,780 |
| Filing Date | 01 May 2001 |
| First Named Inventor | Hongdon Roy Tan |
| Art Unit | 1743 |
| Examiner Name | Noguerola, Alexander Stephan |
| Attorney Docket Number | 062.00US |

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☐ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☒ I hereby appoint the practitioners at Customer Number :

33603

☒ Please change the correspondence address for the above-identified application to:

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Customer Number:

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OR

☐ Firm or
Individual Name

Address

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City

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name

Stephen C. Macevicz, Vice President, Aclara Biosciences, Inc.

Signature

Date

10 February 2004

Telephone

(650) 210-1223

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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2-11-04

1753

PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

| | | |
|---|------------------------|------------------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 09/847,780 |
| | Filing Date | 01 May 2001 |
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| | Art Unit | 1753 |
| | Examiner Name | Noguerola, Alexander Stephan |
| Total Number of Pages in This Submission | Attorney Docket Number | 062.00US |

ENCLOSURES (check all that apply)

| | | | | |
|--|--|---|---------|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard | | |
| <table border="1"><tr><td>Remarks</td><td></td></tr></table> | | | Remarks | |
| Remarks | | | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|-------------------------|--|--|--|
| Firm or Individual name | Stephen C. Macevicz, Registration No. 30,285 | | |
| Signature | | | |
| Date | 10 February 2004 | | |

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